

REGISTRATION FORM for Best Practices in Community Based Geriatric Care
April 15-17, 2002 Adam's Mark Hotel, Columbus, Ohio

Registration Deadline Date:
FRIDAY, APRIL 5, 2002

OFFICE USE ONLY Program # 02.V10.BPCBGC.A
Date _____ Fee _____ Note _____

Please return this form and your check or money order to Tony D'Eramo (see address under registration information).

FEES: Physician (\$200.00) Non-Physician (\$125.00). Make checks/Money Order payable to **GERIATRIC CARE CENTER**

PARTICIPANT INFORMATION (PLEASE PRINT)

Name: (First MI Last) _____		
Social Security Number: _____ - _____ - _____		Degree Initial: _____
Address for Conference Communication: (Number & Street) _____		
City/State/Zip Code: _____		
Telephone (Day): (_____) _____	Fax: (_____) _____	E Mail: _____

Job Title/Position: _____		Specialty Area: _____
Employed by Medical Center/Hospital: Y/N In an Outpatient Clinic: Y/N Other, please specify: _____		
Occupational Category (please circle one): Physician/Dentist/Social Worker/Nurse/Pharmacist/Psychologist/Other, please specify: _____		
Accreditation/Approval Requested (Type of Certificate): ACCME (Physician), ANCC (Nurse), APA (Psychology), Social Work, Pharmacy		

<i>The Geriatric Education Centers (GECs) federal funding source, PHS/BHP, requires that the information listed below be requested of all participants of GEC events. Completing this information is OPTIONAL.</i>	
Date of Birth: (mm/dd/yyyy) _____	Race/Ethnic Affiliation: (please check one) _____
Hispanic, any race _____	American Indian/Alaskan native _____
White _____	Black, non-Hispanic _____
Asian American/Pacific Islander _____	

While at Conference, name & number to call in an event of an emergency: _____	
If you require special arrangements due to physical limitation(s), please describe: _____	
Please indicate if you have any special dietary needs: _____	
Please select one:	
<input type="checkbox"/> Yes, I plan on attending the keynote presentation	
<input type="checkbox"/> No, I do not plan on attending the keynote presentation	

Registration Form **MUST** be Signed:

Signature

Date

Confirmation notice will be sent with receipt of payment.
Thank You and we look forward to seeing you in April